	TES HOUSE OF FLOSURE STATEMENT FO	· ·		FORM A Page 1 of 4 For use by Members, officers, and employees	AND DELIVERED
	Bruce L. B (Full Nan			202-225-2911 (Daytime Telephone)	LEGISLATIVE RESOURCE CENTY Q 2008 MAY 15 PM 2: 33 (Office Use Only)
	Member of the U.S. House of Representatives	State: IA District: 01		Officer Or Employing Office: Employee Termination Date:	A 200 penalty shall be assessed against anyone who files more than 30 days
Report V	Annual (May 15)	Amendment	☐ Termina		late.
	INFORMATION AN	ISWER EACH	OF THESE	QUESTIONS	
Did you or your spot or more from any so If yes, complete a	use have "earned" income (e.g., sai burce in the reporting period? and attach Schedule I. r organization make a donation to opearance, or article in the reporting	Y harity in lieu of paying	'es ✓ No ☐	Did you, your spouse, or a dependent child receive any reporta VI. the reporting period (i.e., aggregating more than \$305 and not exempt)? If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reporta VII. reimbursements for travel in the reporting period (worth more from one source)?	otherwise Yes No 📝 I
Did you, your spous III. more than \$200 in th more than \$1,000 at	and attach Schedule II. se, or a dependent child receive "ur ne reporting period or hold any rep the end of the period? and attach Schedule III.	earned" income of ortable asset worth	∕es 🕢 No 📋	If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of VIII. current calendar year? If yes, complete and attach Schedule VIII.	Yes No 🗸
Did you, your spous IV. reportable asset in a period? If yes, complete a	se, or dependent child purchase, se a transaction exceeding \$1,000 dur and attach Schedule IV.	ing the reporting	Yes ☐ No 🗸	IX. Did you have any reportable agreement or arrangement with a entity? If yes, complete and attach Schedule IX.	n outside Yes ☐ No 🗸
V. than \$10,000) during	se, or a dependent child have any r g the reporting period? and attach Schedule V.	`	Yes 🗌 No 🗸	Each question in this part must be answere schedule attached for each "Yes" response	e
EXCLUSION O	F SPOUSE, DEPENI	DENT, OR TRU	ST INFORM	IATION ANSWER EACH OF THESE QUI	ESTIONS
Trusts	Details regarding "Qualified trusts" need not be disclose child?	Blind Trusts" approved. Have you exclude	red by the Comm d from this repo	ittee on Standards of Official Conduct and certain other "exc t details of such a trust benefiting you, your spouse, or depe	epted endent Yes
Exemptions	Have you excluded from thi because they meet all three	s report any other ass tests for exemption?	sets, "unearned"	income, transactions, or liabilities of a spouse or dependent	child Yes ☐ No 🗸

SCHEDULE I - EARNED INCOME

Name Bruce L. Braley

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Waterloo Community School District	Spouse Salary	N/A

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Allianz NF J Dividend Value Fund Class A	\$1,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	P
American Funds Growth Fund of America Class F	\$50,001 - \$100,000	DIVIDENDS/CAPI TAL GAINS	\$5,001 - \$15,000	
American Funds Income Fund of America Class F	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$2,501 - \$5,000	
Baron Asset Fund	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	Р
Calamos Growth & Income Fund Class A	\$1,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	
Calamos Growth Fund	None	None/CAPITAL GAINS	\$2,501 - \$5,000	S

-				
SCHEDULE I	IL ASSETS	AND "UNFA	RNED"	INCOME
JOHLDOLL	II AUGELU		/: /: / — —	

DULE III - ASSETS AND "UNEARNED" INC	Name Bruce L. Braley			Page 4 of	
Columbia Mid Cap Value Fund A	0.54		DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	Р
Davis New York Venture Fund Class A	\$100,001 - \$250,000		DIVIDENDS ·	\$1,001 - \$2,500	
Davis Opportunity Fund	No		None	NONE	S
Fam Value Fund	Fam Value Fund No		None	NONE	S
FT Templeton Global Bond A	\$1,	,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	
Hartford Mid Cap Fund Class A	1 '	5,001 - 0,000	DIVIDENDS/CAPI TAL GAINS	\$2,501 - \$5,000	
Lord Abbett Affiliated Fund	No	ne	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	S
Oppenheimer Global Fund Class A	1 .	5,001 - 0,000	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	
Pepsico, Inc.		0,001 - 00,000	DIVIDENDS	\$1,001 - \$2,500	
T Rowe Price Equity Income Fund	\$1	,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	
T Rowe Price Growth Stock Fund, Inc.	\$1	,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	
Thornburg International Value Fund Class A			DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	P(add)
Thornburg International Value Fund Class I	No	one	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	S
UBS RMA Money Market Portfolio	\$1	,001 - \$15,000	DIVIDENDS	\$1 - \$200	

ſ